

STATE OF IDAHO  
DIVISION OF BUILDING SAFETY  
PLUMBING BUREAU

**APPLICATION FOR EXAMINATION AS A SPECIALTY JOURNEYMAN PLUMBER**

**A NON-REFUNDABLE \$22.50 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE PLUMBING BUREAU AND MAIL TO THE DIVISION OF BUILDING SAFETY, PLUMBING BUREAU, 1090 E. WATERTOWER ST., MERIDIAN, ID 83642. PURSUANT TO IDAPA 07.02.05.012.01: PIPEFITTING WILL NOT BE ACCEPTED AS QUALIFICATIONS FOR A SPECIALTY JOURNEYMAN PLUMBER'S LICENSE. A COPY OF YOUR CURRENT PICTURED IDENTIFICATION MUST ACCOMPANY THIS APPLICATION.**

**ALL DISHONORED CHECKS WILL BE REQUIRED TO PAY A COLLECTION FEE NOT TO EXCEED \$20.00 AS PER IDAHO CODE 28.22.105.**

**CHECK THE TYPE OF SPECIALTY LICENSE YOU ARE APPLYING FOR:**

**APPLIANCE PLUMBING SPECIALTY JOURNEYMAN \_\_\_\_\_ WATER PUMP PLUMBING SPECIALTY JOURNEYMAN \_\_\_\_\_**

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **TELEPHONE NUMBER** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STREET, BOX, OR ROUTE** \_\_\_\_\_  
**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**DID YOU COMPLETE A RELATED TRAINING COURSE: YES \_\_\_\_\_ NO \_\_\_\_\_ IF "YES", ATTACH A COMPLETION CERTIFICATE.**

**SPECIALTY APPRENTICE: STATE TIME SERVED IN THE PLUMBING TRADE.**

**EMPLOYER:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**DATES EMPLOYED FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
MO/DAY/YEAR MO/DAY/YEAR

**EMPLOYER:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**DATES EMPLOYED FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
MO/DAY/YEAR MO/DAY/YEAR

**EMPLOYER:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**DATES EMPLOYED FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
MO/DAY/YEAR MO/DAY/YEAR

**SPECIALTY JOURNEYMAN: STATE TIME WITH LAST TWO EMPLOYERS.**

**EMPLOYER:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**DATES EMPLOYED FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
MO/DAY/YEAR MO/DAY/YEAR

**STREET, BOX, OR ROUTE** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**DATES EMPLOYED FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
MO/DAY/YEAR MO/DAY/YEAR

**STREET, BOX, OR ROUTE** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**DO YOU HOLD A CURRENT LICENSE IN ANY OTHER STATE: YES \_\_\_\_\_ NO \_\_\_\_\_**  
**IF "YES", WHERE?** \_\_\_\_\_

**(ATTACH COPY OF JOURNEYMAN LICENSE AND PICTURED IDENTIFICATION)**

**ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE VERIFIED**

**TO BE EXECUTED BY APPLICANT**

I UNDERSTAND THAT I AM RESTRICTED WHILE HOLDING THE LICENSE HEREIN APPLIED FOR TO EMPLOYMENT WITH AND UNDER THE DIRECTION OF A LICENSED PLUMBING CONTRACTOR OR SPECIALTY PLUMBING CONTRACTOR.

I, \_\_\_\_\_, BEING FIRST DULY SWORN, DO HEREBY CERTIFY THAT THE STATEMENTS ON THE APPLICATION FOR EXAMINATION AS A SPECIALTY JOURNEYMAN PLUMBER ARE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC FOR: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_

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**TO BE EXECUTED BY PRESENT EMPLOYER**

I, \_\_\_\_\_, BEING FIRST DULY SWORN, DO HEREBY CERTIFY THAT I AM ENGAGED IN THE PLUMBING BUSINESS, AS A LICENSED PLUMBING CONTRACTOR OR SPECIALTY PLUMBING CONTRACTOR, THAT THE APPLICANT IS WORKING FOR ME AS A SPECIALTY APPRENTICE/SPECIALTY JOURNEYMAN (**CIRCLE ONE**) PLUMBER AND THAT I HAVE READ THE FOREGOING APPLICATION AND BELIEVE THAT THE STATEMENTS MADE BY THE APPLICANT THEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF EMPLOYER

\_\_\_\_\_  
ADDRESS

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC FOR: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_